SERIAL NO. 10/ 56569 APPLICANT(S) FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER **AFTER AFTER** AFTER **AS FILED AS FILED** 2 nd AMENDMENT 1st AMENDMENT 1" AMENDMENT 2 nd AMENDMENT IND. DEP. IND. IND. DEP. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL TOTAL IND. IND. TOTAL TOTAL DEP. DEP. TOTAL TOTAL CLAIMS CLAIMS

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